



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
EUGENE I. GESSOW, DIRECTOR

October 24, 2008

GENERAL LETTER NO. 24-B-AP-9

ISSUED BY: Bureau of Purchasing, Payments and Receipts,
Division of Fiscal Management

SUBJECT: Management Manual, Title 24, Chapter B, **GENERAL SERVICES**
APPENDIX, the following forms:

470-0848 *Letterhead*, revised
470-0975 *Printing Request*, revised

Summary

This chapter is revised to:

- ◆ Update form 470-0848, *Letterhead*, to reflect the Department's current Director.
- ◆ Update form 470-0975, *Printing Request*, to remove object code 2320 from the form. The form now allows the user to enter an object code for federal projects only. "Organization" and "Sub-Org" fields are renamed "Unit" and "Sub-Unit" to correspond with State Accounting Enterprise changes.

Effective Date

Upon receipt.

Material Superseded

Remove the following forms from the Management Manual, Title 24, Chapter B, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
470-0848	No date
470-0975	12/05

Additional Information

A template for the letterhead is available on the DHS network at: hoovr3S1 / Policy.771 / Rules / help for rule & manual writing / templates.

Forms on letterhead are being updated as systems programming permits.

Refer questions about this general letter to your income maintenance administrator, service area manager, or your regional collections administrator.



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Printing Request

DATE: 10/23/08 12:43 PM

PLEASE PREPARE FOR:					
NAME OF JOB:					
NUMBER OF COPIES: _____ <input type="checkbox"/> Single sided Double sided: <input type="checkbox"/> Flip <input type="checkbox"/> Tumble					
QUALITY: <input type="checkbox"/> Bond <input type="checkbox"/> NCR <input type="checkbox"/> Card stock					
Paper size:		Weight:		Color of paper:	
				Color of ink:	
BINDERY: <input type="checkbox"/> Collate <input type="checkbox"/> Tape <input type="checkbox"/> Spiral <input type="checkbox"/> Snap out _____ Staples <input type="checkbox"/> Top <input type="checkbox"/> Left <input type="checkbox"/> No. of folds <input type="checkbox"/> Side <input type="checkbox"/> Saddle stitch <input type="checkbox"/> Sample included					
PUNCHING: _____ Holes at <input type="checkbox"/> Top <input type="checkbox"/> Bottom <input type="checkbox"/> Left <input type="checkbox"/> Right					
PADDING: <input type="checkbox"/> Fanapart sets <input type="checkbox"/> Pads _____ sheets <input type="checkbox"/> Bottom <input type="checkbox"/> With backing per pad at: <input type="checkbox"/> Top _____ sets <input type="checkbox"/> Left <input type="checkbox"/> Without backing					
WRAPPING INSTRUCTIONS: <input type="checkbox"/> Boxed <input type="checkbox"/> Other: _____ <input type="checkbox"/> Shrink wrap _____					
SPECIAL INSTRUCTIONS: 					
TYPESETTING: <input type="checkbox"/> New <input type="checkbox"/> Revised					
PROOF REQUIRED: <input type="checkbox"/> Yes <input type="checkbox"/> No Fax #:					
FUND:	AGENCY:	UNIT:	SUB-UNIT:	OBJT.:	
DATE WANTED:			DELIVER TO:		
CONTACT PERSON:			PHONE:		